

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/545695

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1	1	1	1		
3	1		1			
4						
5	22		1			
6			1	1		
7			1	1		
8			1	1		
9			1	1		
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16			1	1		
17			1	1		
18			1	1		
19			1	1		
20			1	1		
21			1	1		
22	1	20330	1	1		
23			1	1		
24			1	1		
25			1	1		
26			1	1		
27			1	1		
28			1	1		
29			1	1		
30			1	1		
31			1	1		
32	1	20330	1	1		
33			1	1		
34			1	1		
35		20330	1	1		
36			1	1		
37			1	1		
38			1	1		
39			1	1		
40	1	20330	1	1		
41			1	1		
42			1	1		
43			1	1		
44			1	1		
45			1	1		
46			1	1		
47			1	1		
48			1	1		
49			1	1		
50			1	1		
TOTAL IND.			12	12		
TOTAL DEP.			29	29		
TOTAL CLAIMS			41	41		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			12	12		
TOTAL DEP.			29	29		
TOTAL CLAIMS			41	41		

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